## TOWN OF BROOKFIELD, CONNECTICUT

## **CERTIFICATE OF TRADE NAME**

REQUIRED BY SECTION 35-1 OF THE CONNECTICUT GENERAL STATUTES, A TRADE NAME CERTIFICATE IS FOR THE PURPOSE OF IDENTIFYING THOSE DOING BUSINESS IN THE STATE UNDER A FICTITIOUS TRADE NAME ( I.E. FOR CONSUMER PROTECTION PURPOSES). A TRADE NAME CERTIFICATE DOES NOT PROTECT THAT NAME FROM USE BY SOMEONE ELSE.

TO THE TOWN CLERK OF THE TOWN OF BROOKFIELD,

| CONDUCTING AND/OR TI  | RANSACTING BUSINES | S IN THE TOWN OF                | BROOKFIELD | UNDER THE  |
|---|--------------------|---------------------------------|------------|------------|
| NAME  |                    |                                 |            |            |
| POST OFFICE ADDRESS   |                    |                                 |            |            |
| STREET ADDRESS  |                    |                                 |            | _          |
| BUSINESS ADDRESS  |                    |                                 | _          |            |
| BUSINESS PHONE  |                    |                                 | _          |            |
| TYPE OF BUSINESS  |                    |                                 |            |            |
| THE FULL NAME OF EACH PERSON CON<br>ADDRESS OF EACH PERSON, IS AS FOLLOWS |                    | ACTING SAID BUSINESS,           | TOGETHER   | WITH THE   |
| NAME  | ADDRESS            |                                 |            |            |
| SIGNATURES OF NAMED PERSONS:  | X                  |                                 |            |            |
|   | X                  |                                 |            |            |
|   | X                  |                                 |            |            |
|   | X                  |                                 |            |            |
| STATE OF CONNECTICUT<br>COUNTY OF FAIRFIELD<br>TOWN OF BROOKFIELD         | DATE               |                                 |            |            |
| PERSONALLY APPEARED   | EFORE ME           | WHO SUBSCRIBI                   | ED AND SWO | ORE TO THE |
| RECEIVED AND FILED DOCUMENT#  | AT                 | TOWN CLERK-ASSISTANT TOWN CLERK |            |            |
| I HEREBY CERTIFY THAT THIS IS A TRUE OFFICE OF THE TOWN CLERK OF BROOKFIE |                    |                                 |            |            |
| TOWN CLERK - ASSISTANT TOWN CLERK   |                    | DATE                            |            |            |